

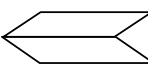
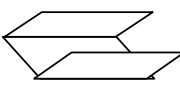
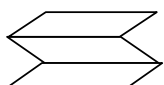

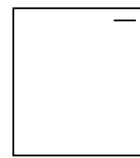
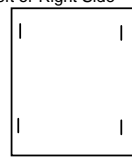


REQUEST FOR MAILROOM SERVICE'S
OFFICE SERVICES

Control Number
Cost center

Form/Exhibit No.	Title/Description	Codes	
		Project	Activity

SERVICE(S) REQUESTED

<input type="checkbox"/> FOLDING - No. of sheets 				<input type="checkbox"/> Stapling - No. of finished copies 			
<input type="checkbox"/> Single 	<input type="checkbox"/> Standard 	<input type="checkbox"/> Accordion cannot be machine mailed 	<input type="checkbox"/> Other Describe or attach sample	<input type="checkbox"/> Upper Left 	<input type="checkbox"/> Upper Right 	<input type="checkbox"/> Double Left or Right Side 	<input type="checkbox"/> Other attach sample.
<input type="checkbox"/> INSERTING				<input type="checkbox"/> COLLATING			
Number of inserts		No. sheets per insert		Total sheets inserted		Total No. sheets collated	
No. of finished sets		No. of sheets per set		Total No. sheets collated			

REMARKS:		
Date	Ordering Section	Signature of Section Supervisor

TO BE COMPLETED BY MAIL ROOM PERSONNEL ONLY

Date Received	Date Completed	Finished by:	Mail Room Supervisor
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DISTRIBUTION LIST

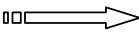
Field Offices

Date: _____	Cost Center: _____
Project /Activity Code: _____	

☐ Send _____ Copies to **ALL FIELD OFFICES**; or
send copies as indicated below:

- | | | | |
|----------------------|----------------------------|---------------------|---------------------------|
| _____ Anderson | _____ Franklin | _____ Linton | _____ Shelbyville |
| _____ Auburn | _____ Gary | _____ Logansport | _____ South Bend |
| _____ Bedford | _____ Hammond | _____ Madison | _____ Terre Haute |
| _____ Bloomington | _____ Indpls. Eastside | _____ Marion | _____ Vincennes |
| _____ Columbus | _____ Indpls. Michigan St. | _____ Martinsville | _____ Columbus |
| _____ Connersville | _____ Indpls. Westside | _____ Muncie | |
| _____ Elkhart | _____ Indpls. Interstate | _____ New Albany | _____ Adjudication Center |
| _____ Evansville | _____ Kokomo | _____ New Castle | _____ Review Board |
| _____ Fishers | _____ Lafayette | _____ Portage | _____ Training |
| _____ Fort Wayne | _____ LaPorte | _____ Portage Annex | _____ UI Appeals |
| _____ Ft. Wayne Adj. | _____ Lawrenceburg | _____ Richmond | |

- Other**
- | | | |
|-------------------------|----------------------------------|---|
| _____ Program Directors | _____ ALL Managers & Supervisors | _____ Admin Office Managers & Supervisors |
| _____ Fiscal Agents | _____ Single Point Contact | _____ Field Office Managers |
| _____ WIB Chair | _____ WIB Director | _____ WIB Chief Elected Official |
| _____ All DWD Staff | _____ Other _____ | |

Return Extra Copies To:  _____

Name	Rm Number	Telephone
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